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\*\* CONTINUING DATA \*\*\*\*\*  
*none ced*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*  
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*Ok ced*

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35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged <i>Central States ced</i> Examiner's Signature Initials			

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026304  
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TITLE  
Dental kit and method for retracting sulcus

FILING FEE  RECEIVED 824	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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